

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

09809827

03/16/05

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
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36						
37						
38						
39						
40						
41						
42	1					
43	1					
44	1					
45						
46						
47	1					
48						
49						
50						
TOTAL IND.	6					
TOTAL DEP.	9					
TOTAL CLAIMS	15					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52	1					
53		1				
54		1				
55		1				
56	1					
57		2				
58						
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

BEST AVAILABLE COPY